

NOTE: These minutes do not constitute a verbatim transcription of the CPC meeting.

**CITY PLANNING COMMISSION
REGULAR MEETING
February 16, 2006**

APPROVED

Call to Order: The meeting was called to order by Chairperson Arthur Simons in the Committee of the Whole Room, 13th Floor of the Coleman A. Young Municipal Center, at 4:45 PM.

Roll Call: Present at the meeting were Commissioners Christensen, Glaser, and Simons. Absent were Commissioners Cason (excused), Glenn (excused), Jeffrey, Smith (excused), Wendler (excused) and Williams (excused).

Absence of Quorum: A quorum was not present at the meeting. The meeting was conducted as a Committee of the Whole.

Agenda: The Agenda was amended to delete the discussion with Medina Noor, Department of Administrative Hearings. The discussion would be rescheduled for a future CPC meeting. The Agenda was also amended to delete the public hearing to consider the request of John Denha to rezone 45, 51, 57, 63 and 71 E. Euclid Ave. from R3 to B4. Mr. Denha has withdrawn the request.

PRESENTATION:
Detroit River International Crossing Study: A presentation was made by representatives of the Michigan Department of Transportation (MDOT) on the Detroit River International Crossing Study (DRIC).

Present for the discussion were Mohammed Alghurabi and Andy Ziegler of MDOT and Joseph Corradino of the Corradino Group of Michigan, Inc., consultant to MDOT.

CPC staff member Marcell Todd noted that the DRIC is the successor to the Bi-National Crossing Study, which examined the need and feasibility of an additional crossing over the Detroit River.

Mr. Alghurabi provided background information on the study. In 2000, Transport Canada, Ontario Ministry of Transportation, U.S. Federal Highways Administration and MDOT formed the Detroit Border Transportation Partnership to address the need for long-term improvements in border crossings.

The DRIC recognized the need to ensure sufficient border processing resources; to optimize the use of the existing network in the short- to medium-term (5-10 years); to encourage use of other modes and diversion to the Blue Water Bridge to reduce travel demand; and to construct a new or expanded crossing from the interstate freeway system in Michigan to the provincial highway system in Ontario.

Additional border crossing requirements are the need to meet increased long-term demand (20-35 years), to improve system connectivity between five elements—the actual crossing in the middle between the two countries, the two plazas in the U.S. and Canada, the connections to the plazas, I-75 in Detroit and 401 in Canada; and to provide reasonable and secure crossing options in the event of incidents, maintenance, congestion or other disruptions.

The goals of the Partnership are to find a location for a river crossing, to obtain approval for the connections to the freeways in Canada and the U.S., to identify the location for the inspection plazas and border stations in Canada and the U.S., and the need for comprehensive engineering to support approvals, property acquisition, design and construction.

Mr. Algurabi noted that the State needs approximately 150 acres for the U.S. plaza station.

Mr. Algurabi showed slides presenting border crossing statistics, trends and projections.

Approximately 28% of Canada-U.S. surface trade passes through Windsor-Detroit. Over 80% of all goods crossing the Detroit River are carried by truck. Almost 50% of the border crossing traffic is local, staying between Windsor and Detroit.

A sensitivity analysis indicated that the current existing crossing would not be able to meet demand by 2015 at the earliest and 2035 at the latest. The analysis took into account pessimistic scenarios such as low trade growth, diversion to intermodal rail, high diversion to St. Clair River crossing, and low passenger car demand forecast.

Mr. Algurabi provided information on identifying the DRIC study area which initially included the area between Grosse Ile and Belle Isle, and analysis of alternatives such as proposals of the Detroit River Tunnel Partnership (DRTP), Mich-Can, Detroit-Windsor Truck Ferry and Hennepin Pt. Crossing, Inc. A total of 15 crossings, 52 routes and 14 plaza alternatives have been studied. As of October 4, 2005, the study area has been narrowed down to alternatives in the 2 mile area between Zug Island and foot of the Ambassador Bridge.

Mr. Algurabi noted that the DRIC study process has been very transparent and open to the public. MDOT has included all of the community and considered all of their input to protect the community. He cited the need for the crossing project to maintain consistency with existing and planned land uses, to protect cultural resources, to protect the natural environment, and to improve regional mobility.

Mr. Corradino presented slides and reviewed the area of current analysis pointing out areas of industrial and residential properties and proximity to Delray.

Mr. Corradino noted that MDOT has worked extensively with the Delray community and affected neighborhoods to determine their vision for the area both with and without a new river crossing.

Without the bridge, the community envisions that the area between Zug Island and the foot of the Ambassador Bridge along the Detroit River experiences an ever improving quality of life for a number of reasons, including the fact that the area is clean and safe with neighbors breathing clean air. New residential development is flourishing with families continuing to return. Historic structures are preserved, particularly the churches, and Fort Wayne has become an international tourist attraction. Developments in and around the area provide jobs with good wages for local residents. The City of Detroit supports this growth and development in a number of ways, including providing significant police and fire protection. Designated and policed truck routes further protect the neighborhoods in the area by directing heavy truck traffic around them.

With a new crossing, the participants envision that the area between Zug Island and the foot of the Ambassador Bridge, known as the “host community” of a new river crossing, experiences an ever improving quality of life. The West Delray neighborhood is intact with no relocations because of the new river crossing, which is publicly owned and operated. Free housing has been provided to those few who were relocated. Improvements to housing and small businesses in the area are financed through a special fund designed to benefit the “host community” of the new river crossing. Programs like the NEZ control the taxes of those who have remained in, and others who moved to, the area. Development that occurs in and around the new crossing supports good paying jobs for the local residents. The City of Detroit supports this growth in a number of ways, including providing significant police and fire protection. Further support of the area, including its air quality and the health of its residents, is caused by routing heavy trucks around the area over designated routes that are built to last.

Mr. Corradino noted that on February 3, 2005, the Federal Highway Administration issued the Mobile Source Air Toxics (MSAT): Background for FHWA Interim Policy. The policy will have a major effect on the assessment of the effects of air toxic emissions. Excerpts from the Background indicate that the EPA and the public health community are conducting research on a group of emissions called air toxics or hazardous air pollutants. According to the EPA, existing and newly promulgated rules will cause significant reduction in air toxics from mobile sources, in the range of 67 to 90 percent by 2020. The background provides guidance on whether and how highway projects should be analyzed for air toxics, including diesel particulate matter, through the NEPA process. The Health Effects Institute, a non-profit organization funded by EPA, FHWA and industry, has undertaken a major series of studies to research near-roadway MSAT hot spots, the health implications of the entire mix of mobile source pollutants, and other topics. The final summary of the series is not expected for several years. Because of these uncertainties outlined in the FHWA’s guidance of February 3, 2005, quantitative assessment of the effects of air toxic emissions impacts on human health cannot be made at the project level.

Mr. Corradino reviewed preliminary conceptual plaza, bridge and I-75 connections. He reviewed input gathered from the community at the MDOT sponsored workshops on the location and appearance for the plaza.

The next step in the DRIC process is completing the Draft Environmental Impact Statement in cooperation with the community. MDOT in concert with the community and appropriate city agencies intends to develop detailed master plans for the area both with and without a

bridge. The master plans will speak to the appearance and location of residential and the type and location of industrial developments as well as the appearance and location of the plaza. The first workshop in the master planning effort will be held with the community in the Delray area on February 27, 2006.

Upon questioning, Mr. Corradino explained the reasons for eliminating the construction of a second span of the Ambassador Bridge from further study. The U.S. team of the Partnership actually ranked the construction as the first or second best alternative based on its thorough analysis. However, the Canada team of the Partnership concluded that the impact of a second span, the plaza and connections were just not acceptable. The Partnership understood that no one side of the River would bear the undue burden of an alternative. Because the burden was unacceptable on the Canadian side, the Partnership eliminated the proposal. Mr. Corradino recommended visiting the DRIC website to access all analysis materials on the alternatives.

Upon questioning, Mr. Corradino noted that the proposal of the Detroit River Tunnel Partnership to convert the existing two rail tunnels into truck pathways would not meet long range demand. Once a new plaza, a six-lane freeway directly feeding into I-75 and a new bridge were built, the truck tunnel would not carry much traffic. The new truck tunnel would not last long after the new crossing was constructed. MDOT thus determined the conversion was a short-term solution that the private sector wants to pursue, but it is not a long-term solution.

Mr. Algurabi stated that governance of the new crossing has not been determined. It is not known whether the crossing will be publicly or privately owned. The Partnership has issued a statement indicating its desire to see a public oversight on the new crossing but has not yet proposed the mechanism.

Commissioner Simons inquired as to whether the bridge would be limited to commercial use and as to the number of lanes on the new bridge. Mr. Algurabi responded that the new bridge is intended to be used by all vehicle types. The crossing and the connections would each be six lanes wide. Ramps will have to be designed to meet that capacity.

In response to Commissioner Simons, Mr. Algurabi noted that construction of a double decker span was not practical and therefore not considered.

Mr. Corradino noted that beginning in the middle of March drilling will take place along the River's edge to obtaining information on the location of brine wells and cavities. The neighborhoods have been notified.

Commissioner Glaser expressed concern regarding FHWA's statement regarding air toxic emissions and impact on humans in the area. If the FHWA is saying that the effects of air toxic emissions impacts cannot be measured, where does it leave the people who implement decisions? Mr. Corradino noted that although there are a lot of analytical ways to provide information to the decision makers, the issue of performing point source analysis of pollution at a certain place from a mobile diesel truck is not considered scientifically credible. Information on mobile sources, air toxics, diesel particulate matter, etc., will be

developed but it won't be information on concentration at a spot. There aren't any techniques to give reliable end results saying, "this is the concentration" and "this is the health effect."

Commissioner Glaser inquired as to whether other areas in the country with this amount and type of traffic could be studied relative to health impacts such as cancer and asthma rates. Mr. Corradino responded that that type of information exists. However, any conclusion is not relevant right now because the scientists are still several years away from saying that one can conclude something by looking at that information. Analysis will be based on historical trends in the area. It is not likely that the study will say, "we have this traffic, we ran this model, we found this out and, therefore, there will be so many incidences of carcinogenic health effects."

Commissioner Christensen complimented MDOT and Mr. Corradino on working much closer with the community compared to what was done during the DIFT study. The community is not split apart with community members taking opposite sides. MDOT and the consultants have been working with the Delray Community and should continue in that regard.

Commissioner Christensen inquired as to whether MDOT will be starting the gateway project this year. Mr. Ziegler indicated that MDOT is looking forward to letting construction for the Gateway project in the fall 2006. It is also looking very closely at construction staging associated with the project. It is working with SEMCOG and other additional traffic analysts to determine the best approach to accomplish the staging and minimize impacts to traffic.

Mr. Algurabi complimented the community for being extremely helpful in working with MDOT and throughout the entire DRIC process.

Mr. Todd highlighted that the next set of DRIC workshops are centered on the master planning process. MDOT and Mr. Corradino have offered to work with the City and the community in the preparation of plan that could be implemented regardless of whether or not a bridge is sited in the area. The plan could be used as a supplement to the Master Plan to provide additional details as to specific planning for the Delray area. Opportunities also exist to work with the Detroit Economic Growth Corporation in the creation of economic development projects to further benefit the area, with or without a bridge.

Lead
issues:

The matter was taken under advisement.

Dr. Lyke Thompson and Dr. Teresa Holtrop of the Detroit Lead Partnership gave an update on lead issues.

Dr. Lyke Thompson noted that the Detroit Lead Partnership is an advocacy and coordination group composed of non-profits, community groups, and governmental organizations, seeking to eliminate lead poisoning in Detroit by 2010.

A large number of children are tested and found to have high blood lead levels in the City of Detroit. Lead poisoning reduces cognitive capacity and achievement.

Childhood lead poisoning cases are largely the result of exposure to deteriorating lead based paint in housing and are, therefore, preventable. The challenge is to reduce the risk of exposure by cleaning the home by interim controls, abating the lead by taking it out of the house or helping the family move to a safer place.

Most of the lead from lead-based paint used in homes built before 1978 produces dust and lead chips. Young children love to eat and inhale or digest the dust, putting them at a high risk of lead poisoning. Lead in the soil is very infrequently the source of lead poisoning in children. Occasionally, lead is found in water. It travels through older pipes that have lead or lead solder.

Consequences of lead poisoning in children include decreased IQ, motor development delays, behavioral problems, impaired growth and hearing problems. One key study of middleclass children estimated that a ten point increase in blood lead levels at age two is related to a nine point lower educational achievement at age ten. Children with lead poisoning are seven times more likely to drop out of school. There are associations between lead poisoning and juvenile delinquency and other problems as well.

Dr. Thompson reviewed graphs depicting testing for lead in children in the tri-county area since 1998. Detroit is leading the way in the amount of testing. In 2004, it tested 35.3% of the children in the city of Detroit compared to much lower percentages in outlying Macomb and Oakland counties. Detroit has more risky situations, so it is more necessary to test the children.

Dr. Thompsons showed graphs depicting the locations and trends for testing in the City of Detroit. The older inner areas of the City have higher rates of testing, but not consistently so.

The percentage of children under age six with lead poisoning in Detroit is declining. The oldest areas of the City have the highest concentration of lead poisoned cases. It has been found that there is not a high level of testing in some areas where the percentage of lead poison cases is high. Testing is not consistent throughout the City. Detroit accounts for approximately 2/3 of lead poisoning cases in the State.

Dr. Thompson explained the reasons lead poisoning is so prevalent in Detroit. Detroit has many houses with old paint. There was a higher proportion of lead in house paint prior to 1950. By the 1960's, the proportion of house paint with lead had decreased to approximately 25%. Lead was prohibited in house paint in 1978, although it has been said that builders often used it for many years afterwards. In Michigan, lead poisoning of children is associated with the age of houses, the percentage of rental dwellings and the extent of vacancies. A Michigan State University study indicates that 96.2% of the housing was built before 1978. At Detroit's current rate of abatement, it would take 560 years to eliminate lead from all lead poisoned dwellings in the City. This is a conservative estimate based on pre-1940 housing in the City, not considering housing built from 1950 to 1978 when lead was still permitted in residential paint.

Dr. Thompson showed a chart of the tricounty area showing the median age of housing in the City of Detroit and surrounding communities. Older decaying housing built prior to 1950 produces a lot more chipping and dust. A large amount of housing of the same vintage is located outside the City and needs to be attended to. Regional attention is needed to address the issues.

Dr. Thompson noted that poverty further perpetuates the risk of exposure. The poverty level in Detroit increased from 20.4% to 30.1% from 2000 to 2003. Considerable evidence exists that harmful effects of lead poisoning can be incurred before a child's blood level reaches 10 ug/dL. There are 16,000 children in Michigan whose blood levels are between 5 and 9 ug/dL. This indicates that there is exposure to lead just below the level of concern, 10 ug/dL. The extent of the health issues could be grossly underestimated.

Dr. Thompson noted the results of a study conducted by WSU surveying the 108 largest cities in the country. Of the 62 cities which provided screening data, Detroit has the tenth highest level of screening/child. Out of the 62 who reported data on the lead poisoning rates on tested children, Detroit has the thirteenth highest. Detroit is only one of 14 out of the 108 that has a housing registry that keeps track of lead safe, lead addressed homes. It has the fifth highest number of houses in the registry. Detroit is one of 40 cities that has an abatement program and is the sixth highest in the number of abated homes among the 27 that reported numbers. A total of 280 homes were estimated to be abated by P&DD from July 1, 2004 through June 30, 2005. A total of 56 homes were abated by LEAP. It is estimated that Detroit Housing Commission abated 45 homes.

A lot of lead abatement proposals have been turned down in recent years by the Federal government. Funding for abatement is very important and in fairly short supply. P&DD faces challenges of spending the existing HUD grants because of the provision of matching funds or funds for certain additional rehabilitation beyond what they can do with the lead funds.

Dr. Teresa Holtrop, Medical Director, Pediatric Mobile Team, Children's Hospital of Michigan, indicated the money available for abatement overall in the City of Detroit is limited and is not nearly enough to address the problem.

Dr. Holtrop noted some concern regarding the targeting of existing funds to critical cases. A very high percentage of homes in the central portions of the City are rental. B&SE can now inspect for chipping paint in the homes, but the current ordinance does not allow them to check for lead dust. There is also a question as to whether the B&SE has the staff to engage in those activities. This is one of the major areas where other cities are making strides on lead poisoning. It is one where Detroit has not moved forward as it should.

The State is taking over the housing registry. In the future, the registry needs to be made dynamic so that a family can use it to search for available lead free homes among all available houses.

Dr. Holtrop cited the need to shift policies toward primary prevention. A lot of the homes that are currently being targeted for abatement house grandparents or parents of children who have not necessarily been lead poisoned. Funding needs to be targeted to

children who have been lead poisoned. It also needs to be targeted for prevention purposes. Presently, policies mainly react to intervening when children are already lead poisoned. It is far more effective in the long run if the City works with such programs as WIC which provides food and other assistance to pregnant women, women with young children, and ob/gyn clinics to identify at-risk pregnant mothers and children residing in older housing. Their homes should be tested for lead poisons. Abatement dollars should be targeted to those homes where there are at-risk moms and babies. Assistance should also be given to moving the mothers to safer locations. This kind of targeting would prevent a lot of the lead poison cases that are now occurring. If the City is always reacting, it is not necessarily stopping the cases from accumulating.

Commissioner Glaser inquired as to the State taking over the housing registry. How much money will that save the City? What are benefits? Dr. Thompson noted that the housing registry is actually a product of a LEAP grant which allowed WSU to create the registry. City funds were not used. The State's taking over the registry is positive. The State is now taking responsibility for the funding and maintenance of the registry. It is presumed that the registry will be improved and expanded for the longer term. Approximately 2,800 homes are in the registry.

Dr. Holtrop noted that the City could potentially help with helping to populate the lead registry to make it current. A challenge has been whether an address of a home with lead can be shared with the registry. She cited liability issues. Does one have to first obtain consent from the families? She suggested the formation of a city- wide task force to address that and move it along.

Dr. Holtrop noted that the Detroit Lead Partnership recently assessed its progress in meeting its 2000-2001 goals. The Partnership is working on preparing a report card on its progress. The Partnership wanted to appear at a future meeting of the CPC to present the report card and to recommend specific steps to reach the goal of elimination of lead by 2010.

Commissioner Simons inquired as to what happens when a lead poisoned house is demolished and taken to a landfill. Is the lead contamination still there? Dr. Holtrop responded affirmatively but questioned how much of that lead is actually available. If in a landfill, it doesn't necessarily mean that someone is going to get to it. It is not like mercury which vaporizes and eventually gets into the air. Unless you are burning it, it is not necessarily available.

Commissioner Simons questioned whether a lead poisoning could be passed from a mother to her child during pregnancy. Dr. Holtrop responded affirmatively noting that it depends on the amount of exposure. Stored lead in the bone of a mother may become active and become mobilized into the bloodstream. The lead then gets carried to the placenta and to the baby. The baby can be exposed to lead through whatever lead has accumulated in the mother.

Commissioner Glaser inquired as to how the CPC could facilitate and assist in the sharing of information across the State regarding the housing stock in the City of Detroit. Mr. Loper responded that CPC staff could help to facilitate the sharing of information.

Dr. Holtrop noted the issues regarding the ability to obtain consent information upfront.

Upon questioning, a representative of P&DD did not know whether consent to share the address with the registry is sought at the time lead abatement is taking place. However, there are other processes where consent is obtained upfront.

Dr. Holtrop noted that the Health Department faces a similar issue. Every child that has a lead level is reported to the State. The State breaks that data down and distributes it back to the local health departments. The Health Department has all this information as to who these children are with low level lead poisoning. But then consent has to be obtained from the parents in order for the Department to share that information with ClearCorp. or other organizations that can go in and do a real quick clean of the house to get the the lead dust levels down. The Health Department is not necessarily the organization that obtained the initial lead level count. It could have been a doctor's office. When the clinic draws lead levels on those kids, it does not necessarily say to the families "if your child's lead level comes back as elevated, may we share this information with ClearCorp." The clinic would have to get a hold of the family; the family may have moved away, or may not necessarily be interested in calling back. The clinic has to obtain written consent from the parents that the information may be passed on to a particular organization. The private non-profit organizations that provide interim lead hazard control programs have the funds and staff but do not always have the houses because of the consent problem. A lot of coordination still needs to be done.

Dr. Thompson noted that the Partnership is asking the CPC to support a resolution that would call upon the relevant City departments to sit down together with the non-profit organizations to work out the consent issues so that houses can go on the registry and so that cases can be provided to the non-profits for super cleaning.

CPC staff agreed to prepare that resolution.

Dr. Holtrop noted that currently the B&SE inspectors are not able to inspect for lead because they are not trained. The State provides free training and certification. She suggested exploring this option for the City. B&SE inspectors could inspect for lead during sale and rental inspections.

Dr. Thompson noted that the ordinance under which the inspectors operate needs to specifically allow and encourage them to test for lead dust and lead poisoning and cite an owner if those levels are at dangerous levels.

In response to Commissioner Glaser, Dr. Thompson noted that the State is only working on the registry. Code enforcement is a challenge that the City will need to face on its own. Code enforcement, as the City is reorganizing it, is more or less a self-funding activity. Fines would pay for the work of the code enforcement. Mr. Loper noted that in the past, the City has used that argument in order to provide additional inspectors.

Dr. Holtrop noted the importance of risk assessments at the time the house is put up for sale.

Commissioner Simons inquired as to the number of lead inspectors in the State. Dr. Holtrop noted that the Michigan Department of Community Health has that information.

Commissioner Simons inquired as to the length of time between the discovery of lead and correction of the problem.

Dr. Holtrop noted that the ability to train more lead contractors. Paint companies are providing certification training. The number of lead contractors that could be made available could increase.

Commissioner Glaser inquired as to whether tools to measure the dust are provided in the training. Dr. Thompson noted two different functions noting the difference between risk assessors and contractors.

Commissioner Glaser inquired as to whether the inspectors would need tools if they performed lead inspections. Dr. Holtrop responded affirmatively but emphasized that the inspection process would become self-funding through the collection of violation fines.

Dr. Thompson cited the need for targeting. It has been estimated that it would take several billion dollars to correct all the lead paint problems in the State of Michigan.

The City of Boston has been working since the 1970's on implementing lead abatement. Boston estimates that it has only finished completely abating 15% to 20% of the City. Abatement should be focused on those homes where children are just being born or on homes where children are actually lead poisoned.

Commissioner Glaser felt that a house should be inspected for lead at the time it is being sold.

Commissioner Christensen questioned whether lead dust is just as dangerous as the eating or burning of lead. Dr. Holtrop noted the problems with lead dust which result in low level lead poisoning. Dr. Thompson noted that the dust does get eaten because of the mouthing behaviors of young children.

The matter was taken under advisement.

Date for
CPC Work
Program
Committee:

Because of the absence of a quorum, the Commissioners tabled discussion on a date for the CPC work program committee to the March 2, 2006 CPC meeting.

Deputy
Director's
Report:

Marcus Loper presented the Deputy Director's report.

Recent City Council actions included approval of the request of Greater Corktown Community Development Corporation and CPC staff to rezone the west side of Trumbull between Ash and Martin Luther King, Jr. Blvd. from R4 to B2 and approval of the request of Oakland Investment Company to rezone property in the Gratiot/Lappin area from R1 to B2 and P1. Both actions were consistent with the Commission's recommendation.

The CPC table packets included a copy of the CPC's proposed agenda through March 2006.

Adj.: The meeting was adjourned at 6:36 PM.